



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

<http://dhmh.maryland.gov/washhealth>

APPLICATION FOR PERMIT TO OPERATE AT A CITY/FARMER'S MARKET

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03,
Regulations Governing Food Service Facilities.

PLEASE PRINT OR TYPE

Date: _____

Facility Name: _____

Farmer's Market Address: _____

Owner(s) Of Business: _____

Corporate Name (If Applicable): _____

Address for Permit to Be Sent: _____

City _____ State _____ Zip _____

Owner Phone #: _____ Cell #: _____

Email: _____ Fax #: _____




Hours/Days Market is Open: _____

Menu Items to be Sold: _____

Source of All Foods: _____

Operation Proposed: Seasonal _____ From _____ To _____

Signature of Applicant: _____ Title: _____

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:	
<div></div> <div><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER</div>	
CARD NUMBER	AMOUNT \$35.00
SIGNATURE	EXP. DATE (MM/YYYY)

MAIL APPLICATION WITH \$35.00 FEE TO:
WASHINGTON COUNTY ENVIRONMENTAL HEALTH
13332 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742

240-313-3400 PHONE • 240-313-3391 TDD • 240-313-3424 FAX